

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | 112301704 |        | 03-24-01 |
| O.I.P.E. CLASSIFIER       |           | 100    |          |
| FORMALITY REVIEW          | TN        | 070    | 06-C4-C1 |
| RESPONSE FORMALITY REVIEW | ZM        | 927    | 07/15/01 |

### INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 7/15/01 |
| 2        | 7/15/01 |
| 3        | 7/15/01 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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